

C O V E R**FAX****S H E E T**

To: Examiner Dung T. Nguyen
United States Patent and Trademark Office

Fax #: (703) 746-7730

Subject: Serial No. 09/832,965
Polarized Display with Wide Angle Illumination
Attorney Docket No. H25210


Date: February 21, 2003

Pages: 7, including this cover sheet.

COMMENTS:

Examiner Nguyen:

Attached is a CPA we are filing in the above-referenced matter in response to the Advisory Action. Should you have any questions, please feel free to contact me collect at (505) 839-0123.



Dennis F. Armijo
Reg. No. 34,116

1. Continued Prosecution Application (CPA) Request Transmittal;
2. Fee Transmittal for FY 2003 (PTO/SB/17) (in duplicate for accounting purposes)
3. Petition for Extension of Time Under 37 CFR 1.136(a)
4. Receipt for Facsimile Transmitted CPA

**Please acknowledge receipt of the attached Amendment
on this coversheet via return fax at (505) 839-4017.**

From the desk of...

Elaine C. Bryan, PLS
Legal Assistant
DENNIS F. ARMIJO, P.C.
5300 Sequoia Road, NW, Suite 200
Albuquerque, NM 87120

(505) 839-0123
Fax: (505) 839-4017

PTO/SB/29 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS |
|---|---------|------------------|------------------|-------------------------------|------------------|
| TOTAL CLAIMS (37 CFR 1.16(c) or (j)) | 24 | -20* = | 4 | x \$ 18.00 = | \$ 72.00 |
| INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i)) | 4 | -3** = | 1 | x \$ 84.00 = | 84.00 |
| MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) | | | | + \$ _____ = | |
| | | | | BASIC FEE (37 CFR 1.16) | 750.00 |
| | | | | Total of above Calculations = | 906.00 |
| Reduction by 50% for filing by small entity (Note 37 CFR 1.27). | | | | | |
| * Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent. | | | | TOTAL = | 906.00 |

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 01 - 2335:
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☐ A check in the amount of \$ _____ is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired _____
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☐ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☐ Other: _____

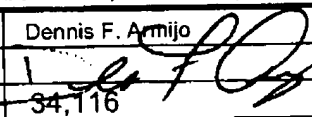
NOTE:

The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS

| | | | | | |
|---|-------------------------------------|--|--------------|----------|--------------|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 00128 | or <input type="checkbox"/> New correspondence address below | | | |
| (Insert Customer No. or Attach bar code label here) | | | | | |
| Name | Michele Burris Holden/Dennis Armijo | | | | |
| | Honeywell International Inc. | | | | |
| Address | Law Dept. AB2 | | | | |
| | P O Box 2245 | | | | |
| City | Morristown | State | NJ | Zip Code | 07962 |
| Country | USA | Telephone | 505-839-0123 | Fax | 505-839-4017 |

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | |
|-----------------------------------|--|
| Name (Print IType) | Dennis F. Armijo |
| Signature |  |
| Registration No. (Attorney/Agent) | 34,116 |
| Date | February 18, 2003 |

[Page 2 of 2]

PTO/SB/17 (01-03)
Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,016.00

Complete if Known

Application Number 09/832,965
Filing Date April 11, 2001
First Named Inventor Brent D. Larson
Examiner Name Dung T. Nguyen
Art Unit 2871
Attorney Docket No.

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 01-2335

Deposit Account Name Dennis F. Armijo

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|------------|
| 1001 750 | 2001 375 | Utility filing fee | 750.00 |
| 1002 330 | 2002 165 | Design filing fee | |
| 1003 520 | 2003 260 | Plant filing fee | |
| 1004 750 | 2004 375 | Reissue filing fee | |
| 1005 160 | 2005 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | (\$ 750.00 |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 24 - 20** = 4 x 18 = 72
Independent Claims 4 - 3** = 1 x 84 = 84
Multiple Dependent

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|------------|
| 1202 18 | 2202 9 | Claims in excess of 20 | |
| 1201 84 | 2201 42 | Independent claims in excess of 3 | |
| 1203 280 | 2203 140 | Multiple dependent claim, if not paid | |
| 1204 84 | 2204 42 | ** Reissue independent claims over original patent | |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | (\$ 156.00 |

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 1051 130 | 2051 65 | Surcharge - late filing fee or oath | |
| 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 130 | 1053 130 | Non-English specification | |
| 1812 2,520 | 1812 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 1804 920* | 1804 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 110 | 2251 55 | Extension for reply within first month | 110.00 |
| 1252 410 | 2252 205 | Extension for reply within second month | |
| 1253 930 | 2253 465 | Extension for reply within third month | |
| 1254 1,450 | 2254 725 | Extension for reply within fourth month | |
| 1255 1,970 | 2255 985 | Extension for reply within fifth month | |
| 1401 320 | 2401 160 | Notice of Appeal | |
| 1402 320 | 2402 160 | Filing a brief in support of an appeal | |
| 1403 280 | 2403 140 | Request for oral hearing | |
| 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding | |
| 1452 110 | 2452 55 | Petition to revive - unavoidable | |
| 1453 1,300 | 2453 650 | Petition to revive - unintentional | |
| 1501 1,300 | 2501 650 | Utility issue fee (or reissue) | |
| 1502 470 | 2502 235 | Design issue fee | |
| 1503 630 | 2503 315 | Plant issue fee | |
| 1480 130 | 1480 130 | Petitions to the Commissioner | |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | |
| 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 750 | 2809 375 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 750 | 2810 375 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 750 | 2801 375 | Request for Continued Examination (RCE) | |
| 1802 900 | 1802 900 | Request for expedited examination of a design application | |

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110.00

SUBMITTED BY

Name (Print/Type) Dennis F. Armijo

Registration No. 34,116

Telephone 505-839-0123

Signature

Date

2-21-03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Received from < 505 839 4017 > at 2/21/03 12:18:36 PM [Eastern Standard Time]

PTO/SB/29A (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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If this RECEIPT is included with a request for a CPA filed by facsimile transmission, it will be date stamped and mailed to the ADDRESS in Item 1.

1. ADDRESS

Applicant's Mailing Address for this receipt must be CLEARLY PRINTED or TYPED in the box below.

Honeywell International Inc.
Law Dept. AB2
P. O. Box 2245
Morristown, New Jersey 07962

NOTE: By this receipt, the USPTO (a) acknowledges that a request for a CPA was filed by facsimile transmission on the date stamped below by the USPTO and (b) verifies only that the application number provided by the applicant on this receipt is the same as the application number provided on the accompanying request for a CPA. This receipt CANNOT be used to acknowledge receipt of any paper(s) other than the request for a CPA.

2. APPLICATION IDENTIFICATION:

(Provide at least enough information to identify the application)

a. For prior application

Application No.: 09/838,965
Filing Date: April 11, 2001
Title: Polarized Display with Wide Angle Illumination
Attorney Docket No.: H25210
First Named Inventor: Brent D. Larson

b. For instant CPA application

New Attorney Docket No.:
(if applicable)

RECEIPT**FOR****FACSIMILE TRANSMITTED****CPA**

(To accompany a request for
a Continued Prosecution Application (CPA)
under 37 CFR 1.53(d)
filed by facsimile transmission)

The USPTO date stamp, which appears in the box to the right, is an acknowledgement by the USPTO of receipt of a request for a CPA filed by facsimile transmission on the date indicated below.

(THIS AREA FOR PTO DATE STAMP USE)

USPTO HANDLING INSTRUCTIONS:

Please stamp area to the right with the date the complete transmission of the request for a CPA was received in the USPTO and also include the USPTO organization name that provided the date stamp (stamp may include both items). Verify that the application number provided by applicant on this receipt is the same as the application number provided by applicant on the request for a CPA accompanying this receipt. If there is an inconsistency between the application number provided on this receipt and the request for a CPA, strike through the inconsistent application number provided on this receipt and insert the correct application number, if possible. Then place in a window envelope and mail.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

2/21/03

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| | | |
|---|-----------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 24 minus 2(1) = | 4 |
| INDEPENDENT CLAIMS | 4 minus 3 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

(Column 1)

(Column 2)

(Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

(Column 1)

(Column 2)

(Column 3)

| | | | | | | |
|-------------|---|----------------------------------|----|------------------------------------|---------------|---|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| | Total | * | 23 | Minus | 24 | = |
| | Independent | * | 4 | Minus | 4 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| | | | | |
|-----------|--------|----|-----------|--------|
| RATE | FEE | | RATE | FEE |
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9= | | OR | X\$18= | 72 |
| X42= | | OR | X84= | 84 |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | 1016 |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| | | | | |
|------------------|----------------|----|------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | | | | |
|------------------|----------------|----|------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | | | | |
|------------------|----------------|----|------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |